

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

General Information

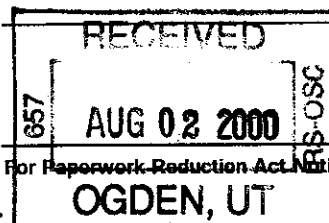
1 Name of organization International Brotherhood of Electrical Workers		Employer identification number 59 3660252
2 Mailing address (P.O. Box or number, street, and room or suite number) 820 Virginia Drive City or town, state, and ZIP code Orlando, Florida 32803		
3 E-mail address of organization		
4a Name of custodian of records Harry C. Brown	4b Custodian's address 820 Virginia Drive Orlando, Florida 32803	
5a Name of contact person Harry C. Brown	5b Contact person's address 820 Virginia Drive Orlando, Florida 32803	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number Same City or town, state, and ZIP code Same		

Purpose

7 Describe the purpose of the organization
A) To promote candidates for office & other political committees that will safeguard & promote the principles of free collective bargaining. B) To elect & support candidates who will initiate legislation which is beneficial to organize labor. C) To encourage & assist members to register & vote in all elections. D) To organize & provide voluntary campaign workers for candidates & issues. E) To help defray the costs of any lobbying.

List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
International Brotherhood of Electrical Workers	Membership Contributions	820 Virginia Drive Orlando, Florida 32803



For Paperwork Reduction Act Notice, see page 4.

Cat. No. 30405V

Form **8871** (7-2000)

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List of All Officers, Directors, and Highly Compensated Employees (see instructions)

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official _____

Date _____

